

GRANTS PROCESS POLICY NOTICE 2003-03
Supersedes GPPN 2001-03

GUIDELINES FOR GRANT APPLICATION PREPARATION

TITLE X FAMILY PLANNING SERVICES PROGRAM

*Information contained within a Federal Register Notice supersedes instructions included in this Grants Process Policy Notice.

OPHS / Grants Management Office
November 2003

TABLE OF CONTENTS

	Page
GENERAL INSTRUCTIONS.....	2
NEW AND COMPETING CONTINUATION.....	3
Application Submission.....	3
Application Sequence.....	3
Application Style.....	4
Intergovernmental Review.....	5
Public Health System Report Requirements.....	5
 A. PROGRESS REPORT.....	 6
B. NEEDS ASSESSMENT.....	6
C. ORGANIZATION ADMINISTRATION & MANAGEMENT.....	7
D. PROGRAM WORK PLAN.....	8
E. CLINICAL MANAGEMENT.....	10
F. COMMUNITY EDUCATION/OUTREACH.....	13
G. EVALUATION AND QUALITY ASSESSMENT & ASSURANCE..	13
H. FINANCIAL MANAGEMENT.....	13
I. BUDGET INFORMATION.....	15
 NONCOMPETING CONTINUATION APPLICATIONS.....	 18
 EXHIBITS.....	 19
A. Service Site Information	
B. Services Provided	
C. Title X Assurance of compliance	
D. Sample Program Work Plan - Format A	
E. Sample Program Work Plan - Format B	
F. Sample Format - Progress Report	
G. Sample Format - Personnel Costs	
H. Sample Format - Travel Costs	
I. Institutional File	
J. Regional Program Contacts	
K. Grants Management Contacts	

GUIDELINES FOR GRANT APPLICATION PREPARATION

GENERAL INSTRUCTIONS

This Grants Process Policy Notice (GPPN) 2003-03, supercedes GPPN 2001-03. This notice provides a set of standard policies and procedures for preparing grant applications for new, competing continuation, and noncompeting continuation funding for the Title X Family Planning Services Program. These instructions are applicable to public and nonprofit private entities applying for funds for the establishment and operation of voluntary family planning projects.

The focus of the application is to document and prioritize need and to clearly describe the applicant's unique and comprehensive approach to meeting this need. No one section of an application stands alone. Each section supports and justifies other sections of the application.

These instructions are to be used in conjunction with the Program Guidelines for Project Grants for Family Planning Services, January 2001 (hereafter referred to as *Program Guidelines*.)

This document provides supplemental guidance for application form OPHS -1 (Revised 6/2001) by prescribing application requirements for Family Planning Services. The sequence of the application and information/data for inclusion are specified.

Each application will be reviewed in accordance with the policies and procedures described in Grants Process Policy Notice (GPPN) 99-02, *Review Policies and Procedures for Title X Family Planning Services Program*. Competing applications will be measured against the *Review Criteria for Title X Family Planning Services* as described in GPPN 2001-04.

The application must provide detailed information in the program work plan for the full project period (not to exceed five years).

Exhibits are included as **sample formats** to provide important data. Use the narrative section to provide critical information that is not on the exhibits, but which helps to explain and justify applications.

All the required information should be provided in the sequence described in these instructions. You should refer to any Federal Register Notices regarding restrictions on the number of pages. Applicants should present the information in a **concise, succinct** manner. Appendices should not be used to extend the narrative of the application.

Applicants are advised to work closely with their regional program staff and grants management during the development of their applications.

This policy is in effect for applications requesting fiscal year 2004 funds and will remain in effect until revised.

NEW AND COMPETING CONTINUATION APPLICATIONS

APPLICATION SUBMISSION

Prepare the program narrative statement in accordance with these instructions for all new and competing continuation applications. The program narrative should be concise and complete. Supporting documents should be included where they can present information clearly and succinctly. Cross referencing should be used rather than repetition.

All new and competing continuation applications must be submitted 120 days prior to the requested budget start date.

All copies of all applications must be submitted to the Office of Grants Management. An **original and two copies are required**. However, three additional copies will facilitate the review process. Grantees must submit all Title X applications to :

Grants Management Officer
OPHS Grants Management Office
1101 Wootton Parkway, Suite 550
Rockville, MD 20852

Phone: 301-594-0758
Fax: 301-594-9399
Email: Kcampbell@osophs.dhhs.gov

APPLICATION SEQUENCE

SF 424 - OPHS-1 (Revised 6/2001)
Title X Assurance of Compliance (Exhibit C)
Table of Contents
Progress Report (Competing continuation)
Needs Assessment
Organization and Management
Program Work Plan
Clinical Management
Community Education/Outreach
Evaluation and Quality Assurance Assessment
Financial Management
Budget Information SF 424A, Sections A-F
Exhibits

NOTIFICATION TO ELECTED OFFICIALS

When submitting an application, please include the correct (verified) Congressional District/Districts on the SF 424, Application for Federal Assistance, in block 14. Confirmation of the Congressional District/Districts for your organization can be obtained by logging on to the Internet website, www.rollcall.com, **Site Map**; Constituent Services; go to Zip Code

Providing the correct Congressional District /Districts to the Office of Grants Management will ensure that the Congressional Liaison Office of the Department of Health and Human Services will be notified promptly of your funding. This information is transmitted to your Federal elected officials prior to release of the Notice of Grant Award (NGA) . The NGA could be delayed without this information..

The **nine-digit** zip code **must** be included on the SF- 424, in item 5.

APPLICATION STYLE

Type single-spaced in standard size black type on
8 1/2 x 11 paper that can be photocopied (12-15 c.p.i.)

Use conventional border margins

Print on one side only

Do not use photo reductions

Do not submit oversized documents, posters,
videotapes, cassette tapes, or other materials
which cannot be photocopied

Number pages sequentially starting with the
Table of Contents

Do not use color print or graphics

Do not use spiral bound or glued binders

Figures, charts, tables, figure legends, and footnotes may be smaller in size but must be clear and readily legible. Computer-generated facsimiles may be submitted for any of the forms provided in this packet. Such substitute forms should be printed in black ink. They must maintain the exact wording and format of the government printed forms, including all captions and spacing.

INTERGOVERNMENTAL REVIEW

The Family Planning Services Program is subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100, Intergovernmental Review of Federal Programs. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs.

Applicants (other than federally-recognized Indian tribal governments) should contact their Single Point Of Contact (SPOC) as early as possible to alert them to the prospective application and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State.

The due date for State process recommendations is 60 days after the appropriate Federal application receipt due date.

PUBLIC HEALTH SYSTEM REPORT REQUIREMENTS

Under these requirements (approved by the Office of Management and Budget, the community-based non-governmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprized of proposed health services grant applications submitted by community-based non-governmental organizations within their jurisdictions. Community-based non-governmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date.

- 1) A copy of the face page of the application (SF 424)
- 2) A summary of the project, not to exceed one page, which provides:
 - a) A description of the population to be served,
 - b) A summary of the services to be provided, and
 - c) A description of the coordination planned with the appropriate State and local health agencies.

The frequency of the PHSIS is simultaneous with the submission of new, competing continuation, and the first year noncompeting continuation application in an approved project period.

A. PROGRESS REPORT

A progress report must be included in competing continuation applications.

The report should evaluate progress against the program work plan in achieving the stated objectives for the previous budget year. Explain how the objectives were achieved. Analyze the reasons that objectives were not achieved and/or were substantially achieved. Summarize the impact of the annual objectives on achieving the long term objectives.

Report on any other significant activities, accomplishment, or setbacks that have been undertaken or have occurred in the current budget period and were not part of the program work plan. These should include legislative and/or judicial happenings as well as agency events.

This section should contain a discussion of the grantee's use of any special Title X funding. The discussion should include the activities and outcomes accomplished.

B. NEEDS ASSESSMENT

For more information on this section, refer to the *Program Guidelines*, Part I, Section 3.2.

1. Provide a **geographic** description of the service area. Discuss seasonal or topographic factors if they impact on the availability of and accessibility to services.
2. Provide a **demographic** description of the service area and populations proposed to be served. Demographic statistics should be included if the information impacts access to or delivery of family planning services. Examples of data presented **could include but not be limited to** birth rates, fertility rates, teen pregnancy rates, infant mortality rates, low birth weight, women in need, race/ethnicity, and special populations. The data should be an integral part of the family planning needs assessment, and should be reflected in the development of the program work plan. Identify sources of all data.
3. Describe any **high priority populations** and/or target areas proposed to be served.
4. Describe **existing resources** for the provision of family planning services in the service area.
5. Identify **statewide or community resources** and networks related to reproductive health including inter- and intra-agency linkages. Describe the relationship with these organizations.
6. Summarize the **unmet family planning needs** and describe why the needs are not being met.

C. ORGANIZATION, ADMINISTRATION & MANAGEMENT

For additional information on this section, refer to the *Program Guidelines*, Part I, Sections 5 and 6.

1. ORGANIZATIONAL STRUCTURE - Applicants should provide:

- a) A brief description and history of the organization
- b) New applicants must include proof of nonprofit status, including IRS 501(c)(3) certification, if applicable.
- c) New applicants must include articles of incorporation and bylaws, if applicable. Competing continuations should submit updates to bylaws, if applicable.
- d) Describe the organizational structure for program management.
- e) Attach an organizational chart and describe the location of the Title X program within the organizational structure.
- f) Private nonprofit organizations provide a list of governing board and/or advisory board members that identifies expertise and population represented (nonprofit organizations).

2. PROGRAM STRUCTURE

An umbrella agency should discuss the number and types of delegates agencies and/or contract providers participating in the program. A copy of the standard agreement between the applicant and the delegate agencies must be included.

3. MONITORING OF DELEGATE AGENCIES AND/OR CONTRACT PROVIDERS

Applicants should describe their:

- a. internal systems in place for assuring that delegate agencies or contract providers are in compliance with the Title X statute and the agreement with the applicant;
- b. policy concerning on-site reviews, the number, manner, and frequency of the reviews; the scope of the review, etc.;
- c. internal reviews to assure delegate agency compliance (e.g. expenditure reports, funding requests, budget reviews, internal medical audit reviews, protocol reviews, etc. Describe the type of reviews, frequency, and the applicant's expectation of the delegate;
- d. procedures for assuring or requiring that delegate agency personnel receive continuing education or training on Title X related topics; and

- e. procedures for monitoring independent audit reports of delegates.

4. PERSONNEL POLICIES

Applicants should briefly describe their personnel policies dealing with staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits, grievance procedures, confidentiality of personnel records, and conflict of interest.

Describe the policy and procedures for employee orientation and in-service training.

Applicants submitting competing continuation applications should describe any updates or revisions of their personnel policies.

- 5. POSITION DESCRIPTIONS AND BIOGRAPHICAL SKETCHES** of key personnel should be included in the application. (For example, project director, operations director, medical director, fiscal director, etc.)

6. BILINGUAL SERVICES

Describe the provision of culturally and linguistically appropriate services based on the needs assessment, if appropriate.

D. PROGRAM WORK PLAN

This program work plan is meant to be an ongoing monitoring and evaluation tool for the grantee and the regional office. The program work plan must include long term goals and objectives for the life of the project period requested (not to exceed five years), and short term goals and objectives (one year or less). Areas to be addressed should include:

- **Administrative**
- **Clinical**
- **Community education and outreach**
- **Family involvement**
- **Financial Management**

The applicant should engage in a realistic planning process as goals and objectives are developed. Do not be hesitant to extend the horizons of project activities by identifying objectives that may be difficult to achieve but within project skills and resources. Fear of failure to achieve those objectives should not prevent one from identifying objectives that will further the goals of the organization. If situations or circumstances upon which the objectives are based change, making them impossible to achieve, mid-course adjustments to the program work plan should be made.

It is important, however, that the grantee clearly note the changes in the program work plan when adjustments are made.

The evaluation process should be such that, when objectives are either not met or considerably over-achieved, the reasons are both apparent and addressed in subsequent progress reports.

The grantee should avoid setting objectives over which it has limited control or that are too minimal to be realistic. The program work plan should reflect activities supported in the budget. The budget request should support the proposed program work plan items.

The following outline suggests a format for developing the program work plan. (See Exhibits D & E for sample formats.) Other formats are acceptable as long as the information is complete.

1. PROBLEM / NEED STATEMENTS

Problem/Need Statements are clearly and specifically defined descriptions of major needs or problems, quantified where possible. The problem/need statements should tie into and flow from the overall project description. For example, such statements in the plan may address:

- a. Needs of the target population
- b. Problems of a specific service area
- c. Needs of a specific population (teens)
- d. Specific health problem (STD)

2. GOALS

Goals are relatively broad and express a sense of a desired future state or direction. Goals should address identified needs or problems and are usually long term.

3. OBJECTIVES

Objectives are descriptions of desired, measurable, time-limited results or outcomes. They can be used to identify an acceptable level of performance or establish criteria for evaluation.

4. ACTION STEPS

Action steps are the major activities that must occur to accomplish an objective - critical actions that must be taken to attain the measurable outcome or end result.

5. DATA

Identify the kinds of data to be collected and maintained.

E. CLINICAL MANAGEMENT

For more information on this section, refer to the *Program Guidelines*, Part II, Sections 7 through 10. The applicant should address the following areas in the manner which services are being delivered, as a direct service provider or as an umbrella organization with delegate agencies.

1. SERVICE SITE INFORMATION

Service Site information should be presented in tabular form. This information includes: delegate agency/service site identification, location, service area, office hours, clinic hours, number of users as reported on last Family Planning Annual Report and number of users projected for the budget period. The number of users reported/projected should be at the delegate agency level. See **Exhibit A** for sample format.

a) Hours of Operation

On Exhibit A provide days and hours of operation for each location including hours of provider clinics if different from the hours of operation. Clinic hours refer to the times medical services are available; office hours are the hours that the clinic sites are actually open.

b) Direct Care Providers

Briefly summarize the current state laws regarding requirements for Advanced Practice Nurses and Physician Assistants used in the program.

c) Facilities

On a map, provide locations of all delegate agencies and satellite sites. Discuss the availability of facilities to the target population. Describe accessibility of services to physically challenged individuals.

2. SERVICE PLANS AND PROTOCOLS

Describe the services provided at the initial visit, annual revisits, and other revisits.

Describe the process for development, approval and updating of protocols.

3. SERVICES (See Part II, Sections 7.3, 7.4, 8.1-8.8, 9.1-9.6)

Submit information on services provided at service sites and indicate if services are: direct, on-site; direct, off-site; paid referral; provided by central grant administration; or not provided. Complete **Exhibit B**. Information on Exhibit B may be condensed whether service delivery methods are consistent across all delivery sites or differ across service sites. See suggested display of information at Exhibit

B-1. Only one Exhibit B is required when the applicant provides direct services and/or through delegate agencies.

Provide a brief explanation for any required service that is not provided directly by the applicant ("directly" in this context meaning subsidized by Title X).

Describe the applicant's standards for the provision of emergency and after hours coverage.

Describe the clinical tracking system for follow-up and referral.

For umbrella agencies with services provided by delegates, **items below may be presented as the minimal standards acceptable to the applicant** rather than a thorough description of services within each delegate agency.

4. LABORATORY SERVICES (See Part II, Sect. 8.3)

Describe the policy for lab services including quality assurance procedures. Describe policy for obtaining services beyond the scope of the on-site lab. Describe the criteria used for the selection of outside contract lab (e.g. price, certification, and other quality assurance measures).

5. PHARMACY SERVICES (See Part II, Sect. 10.2)

Describe the provision of pharmacy services including a summary of the State's laws with respect to the provision of this service.

6. HIV SERVICES

Include a description of the HIV services offered.

7. MEDICAL RECORDS (See Part II, Section 10.3)

Briefly describe the policies and procedures covering the maintenance of the medical records system, including confidentiality and release of records.

8. HUMAN SUBJECTS

When applicable, provide evidence of compliance with Human Subjects Clearance (Research) requirements.

9. CLIENT EDUCATION & COUNSELING

Describe educational and counseling services provided to clients, provisions to assure informed consent and confidentiality.

Provide evidence of compliance with regulations on sterilization procedures.

Provide assurance that those requesting information on options for the management of an unintended pregnancy are given non-directive counseling on the following alternative courses of action, and referral upon request:

- Prenatal care and delivery
- Infant care, foster care, or adoption
- Pregnancy termination.

10. PROFESSIONAL CREDENTIALS AND LICENSURE

Describe procedures to ensure professional credentials and licensure are appropriately addressed and documented.

F. COMMUNITY EDUCATION / OUTREACH

For additional information on this section, refer to the *Program Guidelines*, Part I, Section 6.8 and 6.9.

The applicant should describe:

1. Opportunities for participation in the development, implementation and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and persons in the community knowledgeable about the community's need for family planning services.
2. The structure of the Information and Education Review Committee and its role/function in the family planning program.
3. The evaluation process and approval guidelines used by the information and education committee to review materials.
4. Program promotional activities and community education efforts based on needs of target population.

G. EVALUATION AND QUALITY ASSESSMENT & ASSURANCE

The applicant should describe:

1. The evaluation system and plan to assess, at a minimum, the quality of care provided to clients and determine its success or failure in meeting goals and objectives.
2. The process to assess client satisfaction.

H. FINANCIAL MANAGEMENT

For additional information on this section, refer to the *Program Guidelines*, Part I, Sections 5.4 and 6.3.

Applicants should provide a brief description of the financial management systems with effective controls and accountability for all funds, property and other assets; and which safeguard all such assets and assure they are used solely for authorized purposes.

1. BILLING AND COLLECTIONS

- a) Describe the billing and collections process with reference to the specific elements in section 6.3 of the *Program Guidelines*.
- b) Describe how the sliding fee scale is developed, the process by which the fees for services are set, and the frequency with which fees are updated.
- c) Describe the client intake process including an explanation of how often the client financial information is updated.
- d) Indicate whether or not a written agreement is currently in place where reimbursement is available from Title XIX (Medicaid).

2. FINANCIAL AUDIT

The applicant should:

- a) Discuss the status of the most recent A-133 financial audit, including the date of completion, time period covered by the audit, and the date submitted to the Federal Audit Clearinghouse.
- b) Discuss any exceptions noted by the audit and any findings noted in the management letter. This discussion should include all remedial action taken or planned.
- c) Describe the procedures in place to obtain and review current audits and management letters of the delegate agencies and review any actions taken as a result of those audits.

3. INSURANCE PROGRAM

The applicant should describe:

- a) The insurance program including property, casualty, professional liability, fidelity bonding, and directors' and officers' coverage, and

- b) The procedures for determining adequate insurance coverage for the delegate agencies.

I. BUDGET INFORMATION

In addition to the Federal funds requested, the budget must include non-federal contributions needed to carry out the services defined in the application. The budget request should support the proposed program work plan. Items required by the plan should be budgeted, and the program work plan should in turn reflect activities supported by the budget.

Budget Summary, SF 424A, Section A

This section must be completed by all applicants. All continuations should report estimated unobligated balances of Title X funds.

Budget Categories, SF 424A, Section B

This section is a summary of all budget calculations and information for the budget period. Use Column 1 for the basic Title X program budget. The Columns could be used as follows: Column 1 - Federal; Column 2 - Non-federal; Columns 3 and 4 - Special Projects.

Non-Federal Resources, SF 424A, Section C

The applicant should include realistic revenue projections that reflect actual sources of income for the project. These should include income from Title XIX, Title XX, Maternal and Child Health grants through the states or counties; other state, county and local funds; Bureau of Primary Health Care; third party payors; patient revenue; and cash and in-kind contributions.

Program income includes, but is not limited to, income from fees for services performed, the use or rental of real or personal property acquired under federally-funded projects, the sale of commodities or items fabricated under an award, and license fees and royalties on patents and copyrights.

Other Budget Information, SF424A, Section F

Indirect cost rates budgeted for the applicant and delegates should be in accordance with the indirect cost agreement allowing such costs. The grantee must have an indirect cost agreement or an accepted cost allocation plan with DHHS or other cognizant Federal agency in order to claim indirect costs. Grantees are encouraged to develop their own indirect cost policies for delegate agencies **and** to enforce them.

Provide on additional pages, expense information that includes further detail by object class. If there are budget items for which costs are shared with other programs, the basis for the allocation of costs should be explained.

The budget justification must be provided in sufficient detail to support one-step below the object class category level, as described below.

The budget categories are to reflect **applicant** proposed costs:

1. PERSONNEL AND FRINGE BENEFITS

See **Exhibit G** for a suggested format to present the following information:

- a) Identify each key position (e.g., project or program director, executive director, medical director, fiscal director)
- b) Provide the names of each person identified as occupying key positions and the annual salary, number of months and percentage of time allotted to the project. If a key position is vacant, include anticipated hiring date.
- c) Provide a listing of all remaining filled and vacant positions, percentage of time allocated to the project, number of months, and projected salaries.
- d) Itemize the components that comprise the fringe benefits rate (e.g., health insurance, FICA, SUTA, life insurance, retirement plan).

2. TRAVEL

Identify purposes of travel. Costs can be aggregated by category/purpose, numbers of staff and trips (e.g. project director meetings, site evaluations, training). See **Exhibit H** for a suggested format to present travel information.

3. EQUIPMENT

List only those equipment items costing \$5,000 or more per unit. Items costing less than \$5,000 can be aggregated by category (e.g., medical, office, etc.)

4. SUPPLIES

Categorize supplies according to type -- medical, lab, pharmacy, contraceptive or office.

5. CONTRACTUAL

List all delegate agencies and/or contract providers and the amount of Title X funds allocated to and the non-federal resources contributed for each delegate. Provide a description of the methodology used to allocate the funds.

6. OTHER

Itemize all costs in this category and explain in sufficient detail to enable allowability determinations to be made. In most cases, consultant costs for technical assistance, legal fees, rent, utilities, insurance, printing, dues, subscriptions, and audit related costs would fall under this category. Funds allocated for sterilization should be listed separately.

7. INDIRECT COSTS

Provide an explanation of the calculation of indirect costs that includes the rate, the base, how base is calculated, and the total amount. **Identify the amount of indirect cost charged to the Federal share of the budget. Include a copy of the current Indirect Cost Rate Agreement.**

NONCOMPETING CONTINUATION APPLICATIONS

GENERAL INSTRUCTIONS

These instructions are applicable to existing grantees and provide guidance on the preparation of noncompeting continuation applications. The noncompeting continuation application should be viewed as an opportunity to:

- Review and evaluate the current program from a clinical, financial and administrative perspective to assure that the objectives, policies and procedures are consistent with the scope and purpose of the grant program, and
- Demonstrate that the previously identified needs of the population continue to be addressed in an organized and realistic fashion, assuring a program of high quality.

No one section of the application stands alone. Each section supports and justifies other sections of the application. Exhibits A and B should be included to provide important **updated** information only on services provided and service sites. (See Exhibit B-1).

The noncompeting continuation application will address changes that have occurred or changes that are proposed for the coming budget period. Change in scope means significant changes in the scope of the project as described by the grantee in the grant application and approved by the awarding office. This does not mean that every activity change represents a change in scope.

Supporting documents should be included where they can present information clearly and succinctly. Cross referencing should be used rather than repetition.

Application Sequence

SF424 - OPHS-1 (Revised 6/2001)
Title X Assurance of Compliance, Exhibit C
Table of Contents
Progress Report
Program Work Plan
Budget Information (SF 424A)
Exhibits

All noncompeting continuation applications must be **submitted no later than 90 days prior to the established budget start date.**

Please refer to the general instructions for new and competing continuation applications (pages 3 - 4) for information on the following:

1. Application Submission Points
2. Application Style
3. Intergovernmental Review
4. Public Health System Report Requirements

A. PROGRESS REPORT

Evaluate progress against the work plan in achieving the stated short-term objectives for the previous budget year. Explain how the objectives were achieved. Analyze the reasons that objectives were not achieved and/or where progress substantially exceeded expectations.

Evaluate the annual objectives as they relate to achieve the long-term objectives. Summarize the impact of the annual objectives on achieving the long-term objectives. Is the achievement of the annual objectives leading to the achievement of the long term objectives.

Report on any other significant activities, accomplishments, or setbacks that have been undertaken or have occurred in the current budget period but were not part of the plan. These should include legislative, and/or judicial happenings as well as agency events. This section should contain a discussion of the grantee's use of any special Title X funding. The discussion should include activities and outcomes accomplished.

B. PROGRAM WORK PLAN

The program work plan is an ongoing monitoring and evaluation tool for the grantee and the regional office.

The program work plan must address any additions, deletions, and changes to the long-term objectives contained in the latest competing application.

Please refer to the Program Work Plan instructions in the New and Competing Continuation portion of this document on page 8 for further information.

C. FINANCIAL MANAGEMENT

Please refer to the Financial Management Section in the New an Competing Continuation portion of this document on page 14 for further information.

D. BUDGET INFORMATION

Please refer to the Budget Information instructions in the New and Competing Continuation portion of this document on page 13 for further information.

E. EXHIBITS

SAMPLE FORMAT

EXHIBIT B

SERVICES PROVIDED

Grantee:

SERVICES	1, 2, 3, 4, 5
A. Client Education and Counseling	
1. Informed Consent	
B. History	
1. Physical Assessment	
2. Lab Testing	
C. Fertility Regulation	
1. Barrier	
2. IUD	
3. Oral Contraception	
4. Norplant	
5. DMPA	
6. NFP	
7. Fertility Awareness	
8. Sterilization	
D. Infertility Services	
1. Level 1	
E. Pregnancy Diagnosis/Counseling	
F. Sexually Transmitted Disease Testing (Specify:)	
G. Sexually Transmitted Disease Treatment	
G. HIV Services	
H. Identification of Estrogen-Exposed Offspring	
I. Minor Gyn Problems	
J. Health Promo/Disease Prevention	
K. Special Gyn Procedures	
L. Other Services (Specify):	

1 = Direct Service, on-site

3 = Paid referral

5 = Not provided

2 = Direct Service, off-site

4 = Provided by central grant administration

SAMPLE FORMAT

EXHIBIT B-1

SERVICES PROVIDED

Grantee Name:

SERVICES	1, 2, 3, 4, 5
A. Client Education and Counseling	1 - all sites
1. Informed Consent	1 - all sites
B. History	1 - all sites
1. Physical Assessment	1 - 12 sites; 2 - 3 sites
2. Lab Testing	1 - all sites
C. Fertility Regulation	
1. Barrier	1 - 12 sites; 2- 3 sites
2. IUD	1 - 12 sites
3. Oral Contraception	1 - all sites
4. Norplant	1 - 9 sites; 2 - 6 sites
5. DMPA	1 - all sites
6. NFP	1 - all sites
7. Fertility Awareness	1 - all sites
8. Sterilization	3 - all sites
D. Infertility Services	
1. Level 1	1 - 12 sites; 2 - 3 sites
E. Pregnancy Diagnosis/Counseling	1 - all sites
F. Sexually Transmitted Disease Testing (Specify:)	1 - 12 sites; 2 - 3 sites
G. Sexually Transmitted Disease Treatment	1 - 12 sites; 2 - 3 sites
G. HIV Services	1 - all sites
H. Identification of Estrogen-Exposed Offspring	1 - all sites
I. Minor Gyn Problems	1 - 12 sites; 2 - 3 sites
J. Health Promotion/Disease Prevention	1 - all sites
K. Special Gyn Procedures	1 - 2 sites; 5 - 10 sites
L. Other Services (Specify):	

1 = Direct Service, on-site
2 = Direct Service, off-site

3 = Paid referral
4 = Provided by central grant administration

5 = Not provided

TITLE X ASSURANCE OF COMPLIANCE

_____ assures that it will:
(Name of Organization)

1. Provide services without subjecting individuals to any coercion to accept services or coercion to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services.
2. Provide services in a manner which protects the dignity of the individual.
3. Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status.
4. Not provide abortions as a method of family planning.
5. Provide that priority in the provision of services will be given to persons from low income families.

Further:_____ certifies that it will:
(Name of Organization)

1. Encourage family participation in the decision of the minor seeking family planning services.
2. Provide counseling to minors on how to resist coercive attempts to engage in sexual activities.

From Part 59--Grants for Family Planning Services, Subpart A, Section 59.5(a) 2, 3, 4, 5, and 6.

(Signature)

(Title)

(Date)

EXHIBIT D

SAMPLE PROGRAM WORK PLAN - FORMAT A

PROBLEM/NEED: Infant mortality rate in service area is 4th in the state. The incidence of low birth weight in the service area is twice the national average. Recent study showed strong correlation between inadequate nutrition and low birth weight in the population served.

Goal, Objective	Key Action Step	Data Source and Eval.Methods	Progress	Comments
<p>A. Reduce the incidence of LBW</p> <p>A1. To increase the percentage of pregnant users enrolled in WIC from 20% to 50% by Jan. 1999.</p> <p>A2. By Jan. 2000, reduce the incidence of late entry to prenatal care (after 1st trimester) from 36% (current) to 25%.</p>	<p>A1.a. Establish an on-site WIC program.</p> <p>A1.b. Institute perinatal home visiting program as outreach for potential WIC clients.</p> <p>A2.a. Establish teen pregnancy support group at school health project.</p>	<p>A1. Review of WIC records, MIS system data and prenatal records for change in enrollment.</p> <p>A2. Review of patient records (prenatal and health education section) and MIS system data for earlier entry to care.</p>	<p>A1. New objective as of May 1997.</p> <p>A2.a. Teen advisory council for school health center has adopted plan for support group.</p>	<p>A1. Target of 50% enrollment if health educator leaves.</p>

EXHIBIT E

SAMPLE PROGRAM WORK PLAN - FORMAT B

Type of Objective: FINANCIAL MANAGEMENT

GOAL: By 12/31/2000, improve financial management of delegate agencies.

OBJECTIVE	ACTIVITY	PERSON(s) RESPONSIBLE	BEGIN/END DATES	EVALUATION
A. By 6/30/98, and ongoing, adhere to line item budgets.	1. Negotiate line-item budgets within available funding as determined by funding formula, projected fee collections, and projected expenditures. 2. Include budget within contracts with non-profit agencies.	Administrator	3/98 6/98	Line-item budgets included in contracts
B. By 12/31/98, and ongoing, complete an annual review of the financial statements and practices.	1. Determine audit requirements. 2. Conduct on-site review of financial accounting practices according to identified requirements.	Administrator Fiscal Officer Administrator Fiscal Officer		

EXHIBIT A

**FAMILY PLANNING PROGRAM
SERVICE SITE INFORMATION**

DELEGATE AGENCY	CITY	SERVICE AREA	OFFICE HOURS	CLINIC HOURS 1/	NUMBER OF USERS LAST FPAR/PROJECTED

1/ Times of day/days of month that medical provider clinics are held.

2/ Number of users should be reported/projected at the delegate agency level for umbrella agencies.

Revised 11/97
SAMPLE FORMAT

EXHIBIT F

PROGRESS REPORT

GOAL	OBJECTIVE	PROGRESS

SAMPLE FORMAT

EXHIBIT G

PERSONNEL COSTS

Name and Title	Annual Salary	No. Mos. Budget	% Time	Total Cost
Key Personnel:				
Other Personnel:				
Fringe Benefits - (Itemize without Federally approved rate): FICA SUTA Health Insurance Life Insurance Retirement Plan Etc. (show percent for each item)				

SAMPLE FORMAT

EXHIBIT H

TRAVEL COSTS

LOCATION	TITLE	PURPOSE	No. of Trips	Total Cost
Washington , DC	Director	NFPRHA Annual Meeting	1	\$1,100

EXHIBIT I

INSTITUTIONAL FILES

Institutional files provide a central repository for general information of continuing value about organizations which are receiving federal grant funds.

The material contained in the institutional file will not be required in grant applications for existing grantees. Existing grantees have the responsibility to assure that the most current documents are submitted to the Regional Office. Once an institutional file is established, the grantee will submit updates as appropriate.

The following materials should be submitted to the appropriate Regional Office to be placed in the institutional file:

- Articles of Incorporation or other
- State approval of nonprofit corporation status
- IRS Certification of 501(c)(3) status
- Corporate Bylaws
- Project Administration Policy and Procedures Manual
- Clinical Policy and Procedures Manual
- Personnel policies

Updates to the above documents should be submitted to the appropriate Regional Office.

The following materials must be available on site for review:

- Billing and Collection policies
- Schedule of Charges
- Sliding Fee Scale
- Accounting Policies, Chart of Accounts, Procedures
- Nurse Practice and Physician Assistant Practice Acts
- Procurement Policies
- Travel Policies

EXHIBIT J (revised 11/2003)

REGIONAL PROGRAM CONTACTS

<p>Suzanne Theroux RPC/FP DHHS/PHS/Region I John F. Kennedy Federal Building Room 2126 Boston, MA 02203 Phone: 617-565-1063 Fax: 617-565-4265 Email: stheroux@osophs.dhhs.gov</p>	<p>Robin Lane RPC/FP DHHS/PHS/Region II 26 Federal Plaza, Room 38-100 New York, NY 10278 Phone: 212-264-3935 Fax: 212-264-9908 Email: lkatz@osophs.dhhs.gov</p>
<p>Donna Garner RPC/FP Phone: 215-861-4624 Email: dgarner@osophs.dhhs.gov</p> <p>D. Lynn Gronseth RPC/FP Phone: 215-861-4656 Email: dlgronseth@osophs.dhhs.gov</p> <p>DHHS/PHS/Region III Suite 426, Public Ledger Bldg. 150 S. Independence Mall West Philadelphia, PA 19106-3499 Fax: 215-861-4623</p>	<p>Cristino Rodriguez RPC/FP DHHS/PHS/Region IV Atlanta Federal Center 61 Forsyth Street, Room 5B95 Atlanta, GA 30303-8909 Phone: 404-562-7900 Fax: 404-562-7899 Email: crodriguez@osophs.dhhs.gov</p>
<p>Janice Ely, RNC RPC/FP DHHS/PHS/Region V 233 N. Michigan Ave., Suite 1300 Chicago, IL 60601 Phone: 312-886-3864 Fax: 312-353-7800 Email: jely@osophs.dhhs.gov</p>	<p>Evelyn Glass RPC/FP DHHS/PHS/Region VI 1301 Young Street, Suite 766 Dallas, TX 75202 Phone: 214-767-3088 Fax: 214-767-3425 Email: eglass@osophs.dhhs.gov</p>
<p>Elizabeth Curtis RPC/FP DHHS/PHS/Region VII 601 E.12th Street, Room 210 Kansas City, MO 64106 Phone: 816-426-2924 Fax: 816-426-2178 Email: ecurtis@osophs.dhhs.gov</p>	<p>Jill Leslie RPC/FP DHHS/PHS/Region VIII 1961 Stout Street Denver, CO 80294-3538 Phone: 303-844-7856 Fax: 303-844-2019 Email: jilieslie@osophs.dhhs.gov</p>
<p>Nancy Mautone-Smith RPC/FP DHHS/PHS/Region IX 50 U.N. Plaza, Room 327 San Francisco, CA 94102 Phone: 415-437-7984 Fax: 415-437-8004 Email: nmautone-smith@osophs.dhhs.gov</p>	<p>Janet Wildeboor RPC/FP DHHS/PHS/Region X Blanchard Plaza 2201 Sixth Avenue, M/S RX-29 Seattle, WA 98121 Phone: 206-615-2776 Fax: 206-615-2481 Email: jwildeboor@osophs.dhhs.gov</p>

EXHIBIT K

GRANTS MANAGEMENT CONTACTS

Karen Campbell
Grants Management Officer
OPHS Office of Grants Management
1101 Wootton Parkway
Suite 550
Rockville, MD 20852

Phone: 301-594-0758

Fax: 301-594-9399

Email: Kcampbell@osophs.dhhs.gov